



IF YOU HAVE ANY QUESTIONS PLEASE CALL:
PMA CALL CENTER
(888) 476-2669

EDWARD MENKE
9920 LARRY PLACE
PHILADELPHIA PA 19114

ADVICE NO.: 803645389B
ADVICE DATE: 10/24/23
ADVICE AMT: \$2,239.54
PAY PERIOD: 10/12/23-10/25/23
PD TO DATE: \$33,593.10
RATE.....: \$1,119.77
VOUCHER NO: C108549674
BILL NO....:

ACCIDENT DT: 03/29/23
PAYMNT TYPE: WORKERS' COMPENSATION
INSURED....: DOUBLE H PLASTICS, INC.
CLAIM NO...: [REDACTED] 0914
POLICY NO.: [REDACTED] 8194
INVOICE NO.:
INVOICE DT.:
INVOICE AMT:
IRS NUMBER:
PATIENT ID.:
INJURED....: EDWARD MENKE

Page 1 of 1

FROM - THRU	BILLING CODE	DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
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EXPLANATION OF BENEFITS

Payment Type : TEMPORARY TOTAL DISABILITY

ONGOING PAYMENT 2239.54

NET AMOUNT 2239.54

Memo: CLAIM [REDACTED] 0914

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
DOUBLE H PLASTICS, INC.

ADVICE NUMBER	DATE	ADVICE
803645389B	10/24/23	*****2,239.54

WELLS FARGO BANK N.A.

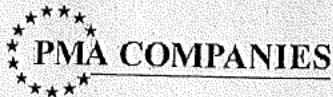
ADVICE Two Thousand Two Hundred And Thirty Nine And 54/100 US Dollars

TO EDWARD MENKE
THE 9920 LARRY PLACE
ORDER PHILADELPHIA PA 19114
OF

THIS IS NOT A CHECK

NON-NEGOTIABLE

****VOID**NON-NEGOTIABLE**VOID****



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EDWARD MENKE
9920 LARRY PLACE
PHILADELPHIA PA 19114

ADVICE NO.: 803653942B
ADVICE DATE: 11/06/23
ADVICE AMT: \$2,239.54
PAY PERIOD: 10/26/23-11/08/23
PD TO DATE: \$35,832.64
RATE.....: \$1,119.77
VOUCHER NO: C108549675
BILL NO...:

ACCIDENT DT: 03/29/23
PAYMNT TYPE: WORKERS' COMPENSATION
INSURED...: DOUBLE H PLASTICS, INC.
CLAIM NO...: [REDACTED] 914
POLICY NO.: [REDACTED] 3194
INVOICE NO.:
INVOICE DT.:
INVOICE AMT:
IRS NUMBER:
PATIENT ID.:
INJURED...: EDWARD MENKE

Page 1 of 1

FROM - THRU	BILLING CODE DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
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EXPLANATION OF BENEFITS

Payment Type : TEMPORARY TOTAL DISABILITY

ONGOING PAYMENT 2239.54

NET AMOUNT 2239.54

Memo: CLAIM [REDACTED] 914

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
DOUBLE H PLASTICS, INC.

ADVICE NUMBER	DATE	ADVICE
803653942B	11/06/23	*****2,239.54

WELLS FARGO BANK N.A.

ADVICE Two Thousand Two Hundred And Thirty Nine And 54/100 US Dollars

TO EDWARD MENKE
THE 9920 LARRY PLACE
ORDER PHILADELPHIA PA 19114
F

THIS IS NOT A CHECK

NON-NEGOTIABLE

VOIDNON-NEGOTIABLE**VOID**